

## **Safety and Health**

### **Workers' Compensation Program**

Civilian federal workers are covered under the Federal Employees' Compensation Act (FECA), which provides benefits for Federal workers' who are injured on the job, or who have sustained a work-related illness.

Although the Department of Labor administers the FECA program, all Department of Commerce (DOC) claims and claims-related material should be sent to the DOC centralized processing office.

Effective October 1, 2002, the workers' compensation processing and liaison services are being provided by a private vendor, Contract Claims Services, Incorporated (CCSI, L.P.). This contractor has extensive experience processing Federal government workers' compensation claims, and has a reputation for providing excellent customer service. CCSI will work closely with the Department of Labor to ensure all claims are processed timely.

All claims and claims-related information should be forwarded to CCSI, as follows:

In order to ensure timely claims submission, please have your supervisor send all initial claims (CA-1's and CA-2's) and claims for disability compensation (CA-7's) by Federal Express to the following address:

CCSI, L.P.  
300 E. Royal Lane  
Suite 200  
Irving, TX 75039

All other claims-related documents should be sent to this address:

CCSI, L.P.  
P.O. Box 542528  
Dallas, TX 75354-2528

The contact numbers at CCSI, L.P. are (800) 743-2231,  
FAX (888) 467-1273.

If you have any questions or concerns, or if you have suggestions which may help us to serve you better, you may contact Kathy Mattingly, Office of Occupational Safety & Health, at (202) 482-0689

or [KMattingly@doc.gov](mailto:KMattingly@doc.gov).

### **INJURED EMPLOYEES**

**If you are injured while at work, you should -**

1. Notify your supervisor as soon as possible.
2. Visit your health unit, or seek appropriate medical attention.
3. File the appropriate workers' compensation claim form:

- **CA-1 claim** forms are used when a traumatic injury occurs. (Single incident injury, or repetitive injury, which occurs during one work shift).

- **CA-2 claim** forms are used when an occupational illness occurs. (Exposure to work factors for more than one work shift which causes an injury/illness).

To print a copy of the appropriate form, go to  
<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

**Provide Form CA-1/CA-2, with the employee's section completed to your supervisor.**

Injured workers have a legal burden to prove that their medical condition was work-related. (The Workers' Compensation Center, CCSI, L.P. can advise you of the type of evidence you need to support your claim.)

Keep your supervisor and the Workers' Compensation Center, CCSI, L.P. informed of the status of your condition.

You must also provide your supervisor and the Workers' Compensation Center, CCSI, L.P. with medical reports to support your disability.

You are still required to request leave (COP, Annual Leave, Sick Leave and/or LWOP) from your supervisor

If your physician releases you to return to light duty or to full duty, you should return to work. The Department of Labor will not authorize compensation for employees who refuse suitable work.

**SUPERVISORS**

**If you have an employee who has been injured, or an employee who wishes to file a claim for traumatic injury, you should:**

- Assist the employee in receiving first-aid and/or advise the employee to seek other medical attention.
- If an employee suffers a traumatic injury (single episode injury or repetitive injury which occurs during one work shift), issue a CA-16, Authorization for Examination and/or Treatment. This form generally should not be issued more than 7 days after a traumatic injury. CA-16

forms should not be issued for occupational illness claims (In many DOC agencies the Health Unit issues this form). If you have any concerns about issuing this form, call the Workers' Compensation Center, CCSI, L.P. at 1-800-743-2231

- Ensure that all items on the CA-1, Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, are completed. ( Note: Witness statements are not mandatory.) Unsigned claim forms will not be forwarded to the Department of Labor.
- Complete supervisor's part of the CA-1/CA-2 form and forward to CCSI, L.P.

If you have an employee who wishes to file a claim for an occupational illness, please contact the Workers' Compensation Center, CCSI, L.P. at 1-800-743-2231, for specific instructions.